

CRITERIA FOR PRIOR AUTHORIZATION

Empliciti™ (elotuzumab)

PROVIDER GROUP Professional**MANUAL GUIDELINES** The following drug requires prior authorization:
Elotuzumab (Empliciti)**CRITERIA FOR PRIOR AUTHORIZATION FOR ELOTUZUMAB:** (must meet all of the following)

- Patient must have a diagnosis of multiple myeloma (MM)
- Patient must have received 1-3 prior therapies
- Must be used in combination with lenalidomide and dexamethasone
- Patient must be 18 years of age or older
- Must be prescribed by, or in consultation with, an oncologist or hematologist
- Patient must not be pregnant or breastfeeding

LENGTH OF APPROVAL: 12 months**Notes:**

- Empliciti is dosed 10 mg/kg administered intravenously every week for the first two cycles and every 2 weeks thereafter (Cycles are 28 days)
 - Cycles 1 and 2: Days 1, 8, 15, and 22 of a 28-day cycle
 - Cycles 3+: Days 1 and 15 of a 28-day cycle
- Males and females must be using effective contraceptive measures
- Prior therapy does not specify outcome of previous treatment